

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/590396

**FILING DATE**

## **CLAIMS**

CLAIMS							
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2		/					52
3		/					53
4		/					54
5		/					55
6							56
7		/					57
8		/					58
9		/					59
10							60
11		/					61
12							62
13	/						63
14		/					64
15		/					65
16		/					66
17		/					67
18							68
19		/					69
20							70
21							71
22		/					72
23	/						73
24		/					74
25							75
26							76
27							77
28							78
29		/					79
30							80
31							81
32		/					82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	3						
TOTAL DEP.	17						
TOTAL CLAIMS	20						